Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** PO Box 1450 Alexandria, Virginia 22313-1450



or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FFF and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further co address indicated unless con ADDRESS" for maintenance	rrespondence including rected below or direct	ng the Patent, advanc	e orders and notification	n of main	tenance fees will	be mailed to the	current correspo	ndence	
		: Use Block 1 for any change	of address)						
00909 7590	09/30/2004	PEVO	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.						
PILLSBURY WINT	,	-			- f Mailing or Tran	omissis n			
Intellectual Property	Group	i Am ii	I hereby certify that th				the United		
P.O. Box 10500	1	EC 2 1 Love E	States Postal Service v						
McLean, VA 22102	\ ,	, o	addressed to the USPT	O (703) 74	46-4000, on the da				
	(A)	C MAR					tor's name)		
	~	FA TRADEMAR					(Signature)		
							(Date)		
APPLICATION NO.	FILING DATE	FIRST NAM	ED INVENTOR	ATTN	Y DOCKET NO	O. CONFIR	MATION NO.	7	
10/602,065	06/24/2003		n Udrea		5-0304367	· · · · · · · · · · · · · · · · · · ·	1160		
,	00/21/2005								
TITLE OF INVENTION: LA	ATERAL SEMICONE	OUCTOR DEVICE							
APPLN. TYP	E SMA	LL ENTITY ISS	SUE FEE PUBLI	CATION	FEE TOTAL	FEE(S) DUE	DUE DATE]	
nonprovisiona	ıl	YES	\$700	\$300	\$	51,000	12/30/2004		
EXAMINER	ART UN	T CLAS	S-SUBCLASS		40 /02 /2004	SFELEKEZ 0000	0264 033975	1060206	
PHAM, HOAI V	2814		7-162000	1	15/53/5004				
					01 FC:2501	700.00	DH No.	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page 15.1504 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, I PILLSBURY WINTHROP LLP									
☐ Change of corresponder Address form PTO/SB/122)☐ "Fee Address" indicat PTO/SB/47; Rev 03-02 or Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND I	RESIDENCE DATA	TO BE PRINTED ON					·	_	
PLEASE NOTE: Unless at for recordation as set forth	n assignee is identifie	d below, no assignee of	data will appear on the p	patent. If a		ntified below, the	document has been	en filed	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
CAMBRIDGE SEMICO	NDUCTOR LIMITEI)	United Kingdom						
Please check the appropriate a	assignee category or c	ategories (will not be p	orinted on the patent) Corporation or corporatio	other priva	ite group entity	□ gove	rnment	_	
4a. The following fee(s) are e ☐ Issue Fee ☐ Publication Fee ☐ Advance Order - # of Co			ayment of Fee(s): A check in the amount of Payment by credit card. The Director is here!	Form PTO	-2038 is attached.		1765-0304367	,	
C	V TOTAL	_	payment, to Deposit Acc	•	•	. ,			
Object Forth Co.	. /							_	
5. Change in Entity Status (tront status indicated a	bove)	Annlicent is no less	alairrin - I	CMALL ENTITY	status Con 27 CF	D 1 27(a)(2)		
a. Applicant claims SMAI The Director of the USPTO is requeste	d to apply the Issue Fee and I	rublication Fee (if any) or re-	p. Applicant is no longer	fee to the anni	lication identified above	NOTE: The Issue Fer	and Publication Fee (i	f required)	
will not be accepted from anyone other	than the applicant; a register	ed attorney or agent; or the as	signee or other party of interest	as shown by t	he records of the United	States Patent and Trad	emark Office.		
Authorized Signature Date <u>December 22, 2004</u>									
Typed or printed name	Christine Ff. McC	arthy	Regist	Registration No. 41844					
This collection of information is require									

Case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, United States Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.